



# Youth Flag Football Cheerleaders

(1<sup>st</sup> & 2<sup>nd</sup> Grade)

**Cost \$25.00**

**Payment Required at Time of Registration**

Player Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical Conditions/Allergies \_\_\_\_\_

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Would you be will to coach your child's team if needed? Yes No Maybe

Employer \_\_\_\_\_

Email Address \_\_\_\_\_

Youth Shirt Size: s m l Adult: S Med Lg

(7-8) (10-12) (14-16)

Please make checks payable to: **Alleghany County Recreation**

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## **WAIVER FOR PARTICIPATION BY PARENT/GUARDIAN**

We, the parents of the above named candidate for a team position, hereby give our approval to participate in any and all related activities. We assume all risks and hazards incidental to such participation including transportation to and from the activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Alleghany County Recreation, the Alleghany Youth Football League, the organizers, supervisors, participants, coaches, and referees or their agents for injuries while using county facilities and persons transporting our child to and from activities, for any claim arising out of any injury to our child for any cause.

Name of Family Medical Insurance Plan \_\_\_\_\_

Policy I.D.# \_\_\_\_\_

Signature (Parent or Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_

C/o Alleghany County Recreation  
348 S. Main St., P.O. Box 366 Sparta, NC 28675

(336) 372-2942      fax (336)372-2972